

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/681,418 FILING DATE _____
APPLICANT(S) _____

CLAIMS							
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
IND	DEP	IND	DEP	IND	DEP		
1	1					31	1
2						32	
3						33	1
4						34	1
5						35	1
6						36	1
7						37	1
8						38	1
9						39	1
10						40	1
11						41	1
12						42	1
13						43	1
14						44	
15						45	
16						46	
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48							
49							
50							
TOTAL IND.						2	
TOTAL DEP.						29	
TOTAL CLAIMS						31	

CLAIMS					
IND		DEP		TOTAL	
31	1			1	
32					
33	1			1	
34		1			1
35		1			1
36		1			1
37		1			1
38		1			1
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93			1		1
94			1		1
95			1		1
96			1		1
97			1		1
98			1		1
99			1		1
100			1		1
TOTAL IND.				2	
TOTAL DEP.				44	
TOTAL CLAIMS				46	